



Critical Appraisal and Recommendations on the Use of Neuroendoscopic Surgery for Hypertensive Brainstem Hemorrhage

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Dear Editor,

With respect to the paper entitled “Neuroendoscopic Surgical Treatment of Hypertensive Brainstem Hemorrhage” (2), I’d like to share my concerns that are discussed in the manuscript. The authors are to be commended for addressing an important and relatively underexplored topic in neurosurgery. Their findings contribute meaningful data to the ongoing discussion of optimal surgical strategies for hypertensive brainstem hemorrhage (HBSH), a condition that remains among the most challenging to manage.

Neuroendoscopic surgery represents a promising option for selected patients with HBSH. The study offers valuable clinical insights, and we would like to share several reflections that may help further enrich the discourse. The use of 3D-Slicer software for preoperative hematoma volume assessment is particularly noteworthy (1). A more detailed description of how this tool informed surgical decision-making, and whether it was paired with intraoperative navigation systems, could strengthen the understanding of its methodological relevance.

The use of four different surgical approaches is another important aspect of the study. Further clarification of how each approach was chosen based on hematoma location, size, or morphology would offer practical guidance for surgical planning. Such details may also help identify patient subgroups such as those with hematoma volume >10 mL or ventricular extension who might derive greater benefit from endoscopic intervention.

While early postoperative results appear encouraging, longer-term evaluation of neurological recovery would provide a more complete picture of procedural efficacy. Incorporating additional outcome measures, such as the modified Rankin Scale and comparing outcomes with alternative management strategies (e.g., stereotactic aspiration or conservative treat-

ment) in future studies would enhance understanding of neuroendoscopic results.

Overall, this study offers valuable preliminary evidence supporting neuroendoscopic surgery as a feasible and potentially effective option for patients with HBSH. Prospective, multi-center studies incorporating standardized imaging, refined patient selection, and long-term follow-up will be essential to validate and expand upon these findings.

Declarations

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Availability of data and materials: The datasets generated and/or analyzed during the current study are available from the corresponding author by reasonable request.

Disclosure: The author declare no competing interests.

AUTHORSHIP CONTRIBUTION

The author (YT) confirm responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

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